



PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/685,357
Filing Date	October 14, 2003
First Named Inventor	Nathaniel
Art Unit	3732
Examiner Name	Doan
Attorney Docket Number	2165.00001

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number:☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Hollstein Keating Cattell Johnson & Goldstein P.C.				
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I am the:☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

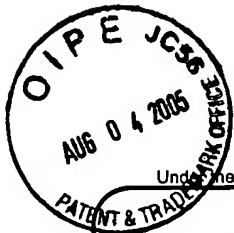
Signature			
Name	Michele Nathaniel		
Date	July 25, 2005	Telephone	215-669-6901

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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PTO/SB/81 (04-05)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/685,357
Filing Date	October 14, 2003
First Named Inventor	Nathaniel
Title	Hair Clip Assembly
Art Unit	3732
Examiner Name	Doan
Attorney Docket Number	2165.00001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number
Stuart M. Goldstein	28817

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:
OR☐ The address associated with Customer Number:
OR☒ Firm or Individual Name Hollstein Keating Cattell Johnson & Goldstein P.C.Address Willow Ridge Executive Office Park
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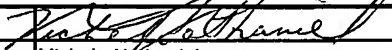
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	July 25, 2005
Name	Michele Nathaniel	Telephone	215-669-6901
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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